PAGE 1 / 31

Image# 201609209030977106

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Academy o	of Family Physicians F	Political Action Commit	ee
	<u> </u>		
ADDRESS (number and street)	1133 Connecticut Avenue,	NW	
The street of th	Suite 1100		
Check if different than previously reported. (ACC)	Washington		DC 20036 -
2. FEC IDENTIFICATION N	NUMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00411553		IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	ar 20 (M3) May 20 (M3) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:	Ap	or 20 (M4) Jul 20 (M	Year Only)
April 15 Quarterly Report			
July 15 Quarterly Report	PRF-Election	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report	(Q3)		
January 31 Year-End Report	(YE) Elect	ion on	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)		General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)	ort .	ion on	in the State of
5. Covering Period	08 01 2016	through 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined	this Report and to the best of	of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasu	rer Hugh M Taylor MD		
Signature of Treasurer Hu	igh M Taylor MD	[Electronically Filed]	Date 09 / 20 / Y Y Y Y Y Y Y
NOTE: Submission of false, erro	oneous, or incomplete informati	on may subject the person signing	ng this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use Only			Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 417217.01 January 1, 2016 (b) Cash on Hand at 347837.14 Beginning of Reporting Period..... 15659.16 299767.15 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 716984.16 363496.30 6(a) and 6(c) for Column B)..... 10465.35 363953.21 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 353030.95 353030.95 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00

Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

				0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	9377.49	206343.52				
(ii) Unitemized	5883.61	87675.15				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	15261.10	294018.67				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	45064.40	294018.67				
Totals to Line 33, page 5)	15261.10	234010.07				
. Transfers From Affiliated/Other	222	200				
Party Committees	0.00	0.00				
. All Loans Received	0.00	0.00				
	7					
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	398.06	5748.48				
. Refunds of Contributions Made		7				
to Federal Candidates and Other						
Political Committees	0.00	0.00				
. Other Federal Receipts	7					
(Dividends, Interest, etc.)	0.00	0.00				
. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
, , , , , , , , , , , , , , , , , , ,	7	7				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(b) Leviii i uiius (iioiii Schedule Fis)						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	15659.16	299767.15				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	15659.16	299767.15				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	465.35	6406.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	465.35	6406.96
22. Transfers to Affiliated/Other Party	100.00	
Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	355000.00
24. Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	2546.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	2546.25
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10465.35	363953.21
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10465.35	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15261.10	294018.67
4. Total Contribution Refunds (from Line 28(d))	0.00	2546.25
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15261.10	291472.42
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	465.35	6406.96
7. Offsets to Operating Expenditures (from Line 15, page 3)	398.06	5748.48
8. Net Operating Expenditures (subtract Line 37 from Line 36)	67.29	658.48

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 6 OF 31

ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the		eck only	y on	e)					
			Detailed Summary Page	X	11a		11b	\mathbb{H}	11c	-	12	
	y information copied from such Reports and S for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full) American Academy of Family P	hysicians	Political Action Commi	ttee)							
Α.	Full Name (Last, First, Middle Initial) Janet R Albers MD, FAAFP				Date of	f Re	ceipt					
	Mailing Address 612 Woodbridge Rd	Cici	7in Coda		08		09	9	/ Y	20	016	Y
	City Springfield	State IL	Zip Code 62711-5666	_	Trans Amount						eriod	
	FEC ID number of contributing federal political committee.	С				ms '	tom	_	7	_	50.	00
	Name of Employer Self	Occupation Family Phys			LI Mei	mo It	cill					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						_			
	Full Name (Last, First, Middle Initial) James Douglas Aldstadt MD				Date of	Re	ceipt		_		_	_
	Mailing Address 4202 Southridge Ct			M = M 08] ′	20	- 1	/ Y	20)16	Y	
	City Englewood	State OH	Zip Code 45322-2645	-	Trans Amount		on ID	: C3		7		_
	FEC ID number of contributing federal political committee.	С				_	, ,		7		500.	00
	Name of Employer Information Requested	Occupation Information		- Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
<u> </u>	Full Name (Last, First, Middle Initial) Reid B Blackwelder MD, FAAFP				Date of	f Re	ceipt					
	Mailing Address 4407 Leedy Rd	_			M M M	/	D 1	_	/ Y)16	Y
	City Kingsport	State TN	Zip Code 37664-2117	\perp	Trans Amount						eriod	
	FEC ID number of contributing federal political committee.	С					,	_	7		100.	00
	Name of Employer	Occupation			Mei	mo It	tem					
	ETSU Receipt For: Primary General Other (specify) ▼	Family Phys	Year-to-Date ▼ 800.00									
	UBTOTAL of Receipts This Page (optional)		<u>_</u>	<u> </u>		-	2	=	7	-	650.0	00

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 7 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians Political Action Comm	nittee
Full Name (Last, First, Middle Initial) Mott Parks Blair MD, FAAFP Mailing Address 411 E Westbrook St City Wallace FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NC 28466-1514 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) B. Lindsay Kathryn Botsford MD, MBA, Mailing Address 14023 Southwest Fwy	F	Date of Receipt
City Sugar Land FEC ID number of contributing federal political committee. Name of Employer Memorial Hermann Hospital System Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77478-3550 C Occupation Family Physician Aggregate Year-to-Date ▼	Transaction ID : C3365391 Amount of Each Receipt this Period 31.00 Memo Item
Full Name (Last, First, Middle Initial) Garry Stuart Boxer MD Mailing Address 26 Mayflower Pkwy City Westport FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CT 06880-6014 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 08 29 2016 Transaction ID : C3378264 Amount of Each Receipt this Period 365.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		508.00

Use separate schedule(s) for each category of the Detailed Summary Page

I OIL LINE HOMBER							8	OF	31
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial)		the name and address of any political committee to	o solicit contributions from such committee.			
Date of Receipt State Zip Code State Zip Code Transaction ID: C3355294	,	/ Physicians Political Action Commit	tee			
City State	A. June G Bredin MD	June G Bredin MD				
Auril Marie Campbell MD Mailing Address 3242 Route 206 Bidg A Ste A2 City Bordentown NJ 08505-4517 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Avril Marie Campbell MD Mailing Address 43 Shadow Moss Dr City Beaufort FEC ID number of contributing federal political committee. Cupation Family Physician Aggregate Year-to-Date ▼ Date of Receipt Memo Item Date of Receipt Transaction ID: C3365202 Amount of Each Receipt this Period Family Physician Aggregate Year-to-Date ▼ Date of Receipt Memo Item Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: C3378147 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)	Edmonds FEC ID number of contributing federal political committee. Name of Employer Sate of Washington DSHS Receipt For: Primary General	WA 98026-4435 C Occupation Family Physician Aggregate Year-to-Date ▼	Transaction ID : C3365294 Amount of Each Receipt this Period 400.00			
Mailing Address 43 Shadow Moss Dr City Beaufort FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼ Sustate Zip Code 29906-6005 Transaction ID: C3378147 Amount of Each Receipt this Period Memo Item Memo Item 931.67	Mary F Campagnolo MD, MBA, I Mailing Address 3242 Route 206 Bldg A Ste A2 City Bordentown FEC ID number of contributing federal political committee. Name of Employer Virtua Medical Group Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08505-4517 C Occupation Family Physician Aggregate Year-to-Date ▼	08 04 2016 Transaction ID: C3365202 Amount of Each Receipt this Period 166.67			
SOBTOTAL OF Necepts This Fage (optional)	C. Avril Marie Campbell MD Mailing Address 43 Shadow Moss Dr City Beaufort FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General	SC 29906-6005 C Occupation Information Requested Aggregate Year-to-Date ▼	08 26 2016 Transaction ID : C3378147 Amount of Each Receipt this Period 365.00			
TOTAL This Period (last page this line number only)	SUBTOTAL of Receipts This Page (optiona)	931.67			
	TOTAL This Period (last page this line num	her only)				

FOR LINE NUMBER: PAGE 9 OF Use separate schedul for each category of Detailed Summary Pa

ile(s) the	(check only	-	TAGE 3 OF OT					
age	X 11a	11b	11c	12				
-9-	13	14	15	16	17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	7.1	o solicit contributions from such committee.
,	hysicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Jonathan Mitchell Cook DO, FAAFP Mailing Address 632 Chesterfield Rd	Date of Receipt	
City Bogart	State Zip Code GA 30622-6817	08 19 2016 Transaction ID : C3375757
FEC ID number of contributing federal political committee.	C 30022-0017	Amount of Each Receipt this Period 40.55
Name of Employer Self	Occupation Family Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 202.75	
Full Name (Last, First, Middle Initial) Steven A Crawford MD, FAAFP Mailing Address 900 Ne 10Th St	Date of Receipt	
City Oklahoma City	State Zip Code OK 73104-5420	08 19 2016 Transaction ID : C3375758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.66
Name of Employer University of Oklahoma	Occupation Family Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	
Full Name (Last, First, Middle Initial) Elvan Catherine Daniels MD, MPH	1	Date of Receipt
Mailing Address 4820 Regency Trce SW	7. 0	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State Zip Code GA 30331-6844	Transaction ID : C3375759 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.55
Name of Employer American Cancer Society	Occupation Family Physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 277.75	
SUBTOTAL of Receipts This Page (optional)		512.76
TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	. '	10 01	-	31				
(che	ck only	one)							
×	11a	11b		11c		12			
	13	14		15		16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Thomas Allen Felger MD, FAAFP Mailing Address 51181 Kings Xing City Granger FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code IN 46530-8812 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt 08 05 2016 Transaction ID: C3365288 Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) 3. Wanda D Filer MD, MBA, F Mailing Address 510 Aqua Ct City York FEC ID number of contributing federal political committee. Name of Employer Strategic Health Institute Receipt For: Primary General Other (specify)	State Zip Code PA 17403-3623 C Occupation Family Physician Aggregate Year-to-Date ▼ 2800.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Robert William Gobbo MD, FAAF Mailing Address 810 12Th St City Hood River FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code OR 97031-1587 C Occupation Information Requested Aggregate Year-to-Date 365.00	Date of Receipt 08
SUBTOTAL of Receipts This Page (optional)	····	1080.00
TOTAL This Period (last page this line number	only)	

TEMIZED RECEIPTS		Detailed Summary Page	1 —	11a		11k		11c		12	
Any information copied from such Reports and or for commercial purposes, other than using			erson for								
NAME OF COMMITTEE (In Full)	ine name and a	daress of arry political committee	2 10 30110	,it com	111101	utio	113 110	300	11 00	- Innitite	
American Academy of Family	Physicians	Political Action Comm	nittee								
Full Name (Last, First, Middle Initial) Douglas J Gruenbacher MD			Da	ate of	Re	ceip	ot				
Mailing Address PO BOX 510				08	/	D	20	/ Y)16	Y
City	State	Zip Code	1	Transa	acti	ion	ID : C	337672	23		
Quinter	KS	67752-0510	An	nount	of	Eac	h Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					7		7		85.0	0
Name of Employer	Occupation		⊣ ∟	Men	no It	tem					
Bluestem Medical, LLP	Family Phys	sician									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		425.00									
Full Name (Last, First, Middle Initial) Douglas W Harley DO, FACOFP			Da	ate of	Re	ceip	ot				
Mailing Address 1 Akron General Ave			08 28				/ Y	20	16	Y	
City	State	Zip Code	Т	ransa	actio	on	ID : C	337823			
Akron	ОН	44307-2432	An	Amount of Each Receipt this Pe		eriod					
FEC ID number of contributing federal political committee.	C							45.0	0		
Name of Employer Akron General Medical Center	Occupation Family Phys		7 L	Men	no It	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00]								
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD, FAAF	 P		Da	ate of	Re	ceip	ot				
Mailing Address PO BOX 5039				м - м 08	/	D	04	/ Y		16	Y
City	State	Zip Code	1	Γrans	acti	ion	ID : C	33653	73		
Sioux Falls	SD	57117-5039	An	nount	of	Eac	h Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					7		- 7		209.0	0
Name of Employer	Occupation		Memo Item								
Sioux Valley Health Systems	Family Phy	sician									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼	33 13.10	1672.00									
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number			- [-	_	7	-	7	-	339.0	0

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

31

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Daniel J Heinemann MD, FAAFP Date of Receipt Mailing Address PO BOX 5039 07 2016 City Zip Code State Transaction ID: C3365385 SD Sioux Falls 57117-5039 Amount of Each Receipt this Period FEC ID number of contributing 209.00 federal political committee. Memo Item Name of Employer Occupation Sioux Valley Health Systems Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1672.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Shannon Kearns MD Date of Receipt Mailing Address 825 Cole Ave 80 19 2016 City State Zip Code Transaction ID: C3375760 CA Turlock 95382-0846 Amount of Each Receipt this Period FEC ID number of contributing 40.55 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 202.75 Full Name (Last, First, Middle Initial) c. Katherine R Lichtenberg DO, MPH, F Date of Receipt Mailing Address 601 Nirk Ave 2016 08 05 City State Zip Code Transaction ID: C3365270 MO Kirkwood 63122-5626 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer Occupation Anthem Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 374.55 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 31 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Andrew Lutzkanin III MD Date of Receipt Mailing Address 103 Kestrel Ct 2016 City Zip Code State Transaction ID: C3375761 PΑ 17036-8840 Hummelstown Amount of Each Receipt this Period FEC ID number of contributing 40.56 federal political committee. Memo Item Name of Employer Occupation Reading Hosp Reading Hlth Sys Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 202.80 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin B Martin MD, FAAFP Date of Receipt Mailing Address 707 E Hobert Ave 80 07 2016 City State Zip Code Transaction ID: C3365386 WA Ellensburg 98926-3833 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation Kittitas Valley Healthcare Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350,00 Full Name (Last, First, Middle Initial) c. John S Meigs MD, FAAFP Date of Receipt Mailing Address PO Box 289 2016 08 05 City State Zip Code Transaction ID: C3365284 AL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 975.00 Other (specify) 140.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

31

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD, FAAFP Date of Receipt Mailing Address PO Box 289 2016 26 City Zip Code State Transaction ID: C3378158 **Brent** AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 975.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ashraf Ahmed Metwally MD Date of Receipt Mailing Address 415 Little Clove Rd 08 29 2016 City State Zip Code Transaction ID: C3378325 NY Staten Island 10301-4126 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Brad Meyers MD, FAAFP Date of Receipt Mailing Address PO BOX 414 30 2016 80 City Zip Code State Transaction ID: C3379017 WI Jefferson 53549-0414 Amount of Each Receipt this Period FEC ID number of contributing С 31.00 federal political committee. Memo Item Name of Employer Occupation Dean Clinic Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 146.75 Other (specify) 606.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TEMIZED REGEN 10		Detailed Summary Page	×	11a 13		11 14	-	11c	F	12	
Any information copied from such Reports a or for commercial purposes, other than using				or the		pos	se of s				ions
NAME OF COMMITTEE (In Full) American Academy of Famil	-										
Full Name (Last, First, Middle Initial) W. Fred Miser MD, MA, FA				ate of	Re	ecei	ipt				
Mailing Address 5379 Stockton Ct				M = M 08		L	11	/ Y	2	016	Y
City Powell	State OH	Zip Code 43065-8602						336838 ceipt th		Period	
FEC ID number of contributing federal political committee.	C			Ξ		7		7	_	35.0	
Name of Employer The Ohio State University	Occupation Physician		7	Mer	no I	lten	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]								
Full Name (Last, First, Middle Initial) Sally E Monken MD				Date of Receipt							
Mailing Address 1843 Sugarloaf Ave				M - M 08	′		29	/ Y	20	016	Y
City Upland	State CA	Zip Code 91784-7441						337830 ceipt th		Period	
FEC ID number of contributing federal political committee.	С		[7		-,	_	365.0	0
Name of Employer Self	Occupation Family Physics		_ L	Mer	mo I	Iten	m				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]								
Full Name (Last, First, Middle Initial) Anne M Montgomery MD, MB	٠, F		С	ate of	Re	ecei	ipt				
Mailing Address 39000 Bob Hope Dr				M = M 08	′		06	/ Y		016	Y
City Rancho Mirage	State CA	Zip Code 92270-3221						33653: ceipt th		Period	
FEC ID number of contributing federal political committee.	C					7			_	250.0	0
Name of Employer	Occupation		- [Mer	no I	lten	m				
Eisenhower Medical Associates Receipt For: Primary General Other (specify)	Family Phy Aggregate	year-to-Date ▼ 1750.00]								
SUBTOTAL of Receipts This Page (optional	ıl)			_					_	650.0	0
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	·	<u> </u>	ī	÷	-	7		7	+	650.0	0

	FO	R LINE	NU	IMBER	:	PAGE	•	16 O	F 31
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Dale C Moquist MD, FAAFP Date of Receipt Mailing Address 700 Skyline 2016 09 City Zip Code State Transaction ID: C3377487 Horseshoe Bay TX 78657 Amount of Each Receipt this Period FEC ID number of contributing 91.66 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 733.28 Other (specify) Full Name (Last, First, Middle Initial) B. Russell H Myers MD Date of Receipt Mailing Address 15769 Wc Main St 80 24 2016 City State Zip Code Transaction ID: C3377893 Midlothian VA 23113-7327 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 365.00 Full Name (Last, First, Middle Initial) Mary Suzanne Nguyen MD, FAAFP Date of Receipt Mailing Address PO BOX 960 2016 08 04 409 Madrid Street City State Zip Code Transaction ID: C3365241 Castroville TX 78009-0960 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Medina Valley Family Practice Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 506.66 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FC	R LINE	NU	IMBER	:	PAGE	1	17 OF	F	31
Use separate schedule(s) for each category of the	(ch	eck only	or or	ne)						
Detailed Summary Page	[3	1 1a		11b		11c		12		
zetanea caninaly i age		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Carl Raymond Olden MD, FAAFP Date of Receipt Mailing Address 311 S 72Nd Ave Ste 100 07 2016 City Zip Code State Transaction ID: C3365392 WA 98908-1661 Yakima Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation Yakima Valley Memorial Hospital Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Javette C Orgain MD, MPH, F Date of Receipt Mailing Address Po Box 806527 80 03 2016 City State Zip Code Transaction ID: C3364264 IL Chicago 60680-4126 Amount of Each Receipt this Period FEC ID number of contributing 135.00 federal political committee. Memo Item Name of Employer Occupation Vitas Innovative Hospice Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 810,00 Full Name (Last, First, Middle Initial) c. Maureen O Padden MD, MPH, F Date of Receipt Mailing Address PO Box 182126 2016 08 04 City State Zip Code Transaction ID: C3365203 CA Coronado 92178-2126 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General

120.00

Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

265.00

ny information control from 1991 Day		Detailed Summary Page		13	Н	14		15		16	17
ny information copied from such Reports r for commercial purposes, other than usi		not be sold or used by any persecutions of any political committee		r the		pose					ions
NAME OF COMMITTEE (In Full)	ng the hame and add	ress or any pontical committee	, IO SOII	CIL COI	ıuıD	uliO	110 110	nii SuC	11 66	JIIIIIIIIII	
American Academy of Fam	ily Physicians F	Political Action Comm	nittee								
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD, FAAFP			D	ate of	Re	ceip	ot				
Mailing Address 2261 Philadelphia Dr				M = M	/	D	06	/ Y		016	Y
City	State	Zip Code		Trans	acti	ion	ID : C	33653	38		
Dayton	OH	45406-1814	A	mount	of	Eac	h Re	ceipt tl	nis F	Period	
FEC ID number of contributing federal political committee.	C] [7		-1	Ξ	125.0	
Name of Employer	Occupation		→ L	Mer	no l	tem					
Self Employed	Famiy Physici	an									
Receipt For:	Aggregate Ye	ear-to-Date ▼									
Primary General Other (specify) ▼		500.00									
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO	, FAAFP		D	ate of	Re	ceip	ot				
Mailing Address 427 S Mountain Rd				08 12 2016 Transaction ID : C3370249					Y		
City	State	Zip Code		Transa	acti	on	ID : C	33702	49		
Northfield	MA	01360-9684	A	mount	of	Ead	h Re	ceipt tl	nis F	Period	
FEC ID number of contributing federal political committee.	C			51			50.0	00			
Name of Employer	Occupation		_ L	Mer	no l	ltem					
Clean Slate	physician										
Receipt For:	Aggregate Ye	ear-to-Date ▼									
Primary General Other (specify) ▼		350.00									
Full Name (Last, First, Middle Initial) Sarah L Sams MD, FAAFP			D	ate of	Re	ceip	ot				
Mailing Address 2994 Frazell Rd				M = M 08	/	D	06	/ Y		016	Y
City Hilliard	State OH	Zip Code 43026-9785						33653 ceipt tl		Period	
FEC ID number of contributing federal political committee.	C					7				100.0	00
Name of Employer	Occupation		Memo Item								
Ohio Health	Family Physic	ian									
Receipt For:	Aggregate Ye	ear-to-Date ▼									
Primary General Other (specify) ▼		800.00									

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

31

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) David A Sokolowski MD Date of Receipt Mailing Address 211 W 33rd St 2016 City Zip Code State Transaction ID: C3378303 ΝE Kearney 68845-3484 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Diane Marie Steere MD Date of Receipt Mailing Address 936 N Stratford Ln 80 19 2016 City State Zip Code Transaction ID: C3375762 KS Wichita 67206-1459 Amount of Each Receipt this Period FEC ID number of contributing 40.55 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 202.75 Full Name (Last, First, Middle Initial) c. Elizabeth Steiner Md Steiner MD, FAAFP Date of Receipt Mailing Address 423 NW Skyline Blvd 2016 08 19 City State Zip Code Transaction ID: C3375763 OR Portland 97229-6809 Amount of Each Receipt this Period FEC ID number of contributing С 55.55 federal political committee. Memo Item Name of Employer Occupation Family Physician OHSU Receipt For: Aggregate Year-to-Date ▼ Primary General 277.75 Other (specify) 596.10 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using	d Statements may not be sold or used by any prothe name and address of any political committee	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	iittee					
Full Name (Last, First, Middle Initial) Windel Stracener MD, FAAFP		Date of Receipt					
Mailing Address 1333 Hunters Pointe Dr City	State Zip Code	08 04 2016					
Richmond	IN 47374-7184	Transaction ID : C3365209 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	218.19					
Name of Employer Wayne County Health Department	Occupation Family Physician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1627.33						
Full Name (Last, First, Middle Initial) . Glen R Stream MD, FAAFP		Date of Receipt					
Mailing Address 45280 Seeley Dr		08 04 2016					
City La Quinta	State Zip Code CA 92253-6834	Transaction ID : C3365210 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Eisenhower Medical Associates	Occupation Physician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00						
Full Name (Last, First, Middle Initial) David Ethan Swee MD, FAAFP		Date of Receipt					
Mailing Address 675 Hoes Ln W # R-114		08 11 2016					
City Piscataway	State Zip Code NJ 08854-8021	Transaction ID : C3368385 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer Self Employed	Occupation	Memo Item					
	Family Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00						
, ,	er only)						

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

31

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Erica Williams Swegler MD, FAAFP Date of Receipt Mailing Address 4104 Harcourt Dr 2016 City Zip Code State Transaction ID: C3372006 Austin TX 78727-5940 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 652.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raja Talati MD, MSC, F Date of Receipt Mailing Address 805 Sw Classico Ct 80 29 2016 City State Zip Code Transaction ID: C3378269 FL Port Saint Lucie 34986-2338 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation **HCA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) c. Michael P Temporal MD, FAAFP Date of Receipt Mailing Address 717 Beartooth Cir 2016 80 24 City Zip Code State Transaction ID: C3377521 MT Laurel 59044-9665 Amount of Each Receipt this Period FEC ID number of contributing С 42.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Billings Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 336.00 Other (specify) 172.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FO	R LINE	NUMBER	: PAGE	= 22 OF	31
	(ch	eck only	/ one)			
	>	1 1a	11b	11c	12	
		13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
/	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Margaret C Thomas MD Mailing Address 104 Willow Brook Dr City	State Zip Code	Date of Receipt M
Wayland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date 365.00	Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) Cheryl Ann Thompson MD Mailing Address 321 E Mercer St City Harrisville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) General	State Zip Code PA 16038-1927 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 08 29 2016 Transaction ID: C3378332 Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) Lloyd Van Winkle MD, FAAFP Mailing Address 409 Madrid St Po Box 960 City Castroville FEC ID number of contributing federal political committee. Name of Employer Medina Valley Family Practice Receipt For: Primary General Other (specify)	State Zip Code TX 78009-4527 C Occupation Family Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt 08 04 2016 Transaction ID: C3365240 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	780.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 23 OF 31 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) William Howard Vetter MD, FAAFP Date of Receipt Mailing Address 1102 E Locust St 2016 08 City Zip Code State Transaction ID: C3365744 ID **Emmett** 83617-2713 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Memo Item Name of Employer Occupation Walter Knox Memorial Hospital Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 248.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin S Wang MD, FAAFP Date of Receipt Mailing Address 158C 22nd Ave 80 24 2016 City State Zip Code Transaction ID: C3377522 WA Seattle 98122-6036 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation **Swedish Medical Center** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name (Last, First, Middle Initial) c. Richard Andre Wherry MD, FAAFP Date of Receipt Mailing Address 59 Tipton Dr 2016 08 18 City State Zip Code Transaction ID: C3383280 GA Dahlonega 30533-1603 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Family Physician Southern Health Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 381.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

31

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Kim K Yu MD, FAAFP Date of Receipt Mailing Address 26030 Island Lake Dr 2016 City Zip Code State Transaction ID: C3372976 Novi MI 48374-2161 Amount of Each Receipt this Period FEC ID number of contributing 41.00 federal political committee. Memo Item Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 41.00 SUBTOTAL of Receipts This Page (optional)..... 9377.49 TOTAL This Period (last page this line number only).....

S П

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 31 (check only one)
		ay not be sold or used by any p	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Famil	-		e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. American Academy of Family Phy Mailing Address 11400 Tomahawk Creek	·		Date of Receipt
City Leawood	State KS	Zip Code 66211-2672	08 15 2016 Transaction ID : C3388108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		398.06
Name of Employer	Occupation	ı	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5748.48]
Full Name (Last, First, Middle Initial) B. Mailing Address	<u> </u>		Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer Receipt For:	Occupation		Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.	'		Date of Receipt
Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (options	al)		398.06

TOTAL This Period (last page this line number only).....

398.06

See Separate schedule(s) for each category of the Detailed Summany Page	SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 26 OF 3
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name City Phoenix AZ 85072-3852 City State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name City Phoenix AZ 85072-3852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Senate President Other (specify) ▼ Transaction ID : D175251 Amount of Each Disbursement this Senate President Senate Zip Code AZ 85072-3852 Transaction ID : D175251 Amount of Each Disbursement this Category/ Type Office Sought: House Disbursement For: Senate President Senate Zip Code AZ 85072-3852 City State Zip Code AZ 85072-					
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category' Type Office Sought: House Disbursement Bank card processing fee Candidate Name Category' Type Date of Disbursement this Date of Disbursement this Category' Type Transaction ID : D175250 Amount of Each Disbursement this Date of Disbursement this Category' Type Memo Item Transaction ID : D175251 Amount of Each Disbursement Bank card processing fee Candidate Name Category' Type Office Sought: House Disbursement For: Senate Primary General Date of Disbursement Date of Disbursement this Category' Type Transaction ID : D175251 Amount of Each Disbursement this Category' Type In Memo Item Transaction ID : D175251 Date of Disbursement	Annietamentiae agried francesta Demonta	Lamanda manungat barasid			
AMME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 City State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 City State Son72-3852 City State Son72-3852 City State Son72-3852 Furnose of Disbursement Bank card processing fee Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Primary General Disbursement this Date of Disbursement this Category/ Type Transaction ID : D175251 Amount of Each Disbursement this Date of Disbursement AZ 85072-3852 Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Transaction ID : D175353 Amount of Each Disbursement this Category/ Type Transaction ID : D175353 Amount of Each Disbursement this Category/ Type Memo Item Memo Item Memo Item	or for commercial purposes, other than using the n	ements may not be sold or us ame and address of any politi	sed by any perso cal committee to	on for the purpose of so solicit contributions fro	om such committee.
American Express Mailing Address PO Box 63852 City					
A American Express Mailing Address PO Box 53852 City		ysicians Political Acti	on Committ	ee	
Mailing Address PO Box 53852	Full Name (Last, First, Middle Initial)				
Mailing Address PO Box 53852 State	American Express				ent
Phoenix	Mailing Address PO Box 53852			08 08	2016
Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought:		· ·		Transaction ID : D	0175250
Candidate Name Office Sought:	Purpose of Disbursement	7.= 00072 0002			
Office Sought:	•			Amount of Each Dis	sbursement this Period
Office Sought:	Candidate Name				7.09
State: District: Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53852 City Phoenix AZ BS072-3852 Purpose of Disbursement Bank card processing fee Candidate Name City Phoenix District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 Transaction ID: D175251 Amount of Each Disbursement this Category/ Type Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Category/ Type Date of Disbursement District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 City Phoenix AZ B5072-3852 Phoenix Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Date of Disbursement Category/ Type Memo Item Memo Item Memo Item Memo Item	Office Sought: House Disburs	sement For:		Memo Item	
State: District: Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53852 City State Senate President State: District: Full Name (Last, First, Middle Initial) Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 Transaction ID : D175251 Amount of Each Disbursement this Category/ Type Memo Item Date of Disbursement Amount of Each Disbursement this Category/ Type Date of Disbursement this Disbursement this Category/ Type Transaction ID : D175251 Transaction ID : D175251 Date of Disbursement this Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement Date of Date of Date of Date of Disbursement Date of				_	
B. American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name City President President Other (specify) Mailing Address PO Box 53852 Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 City State Zip Code Primary General Other (specify) Tode AZ 85072-3852 City State Zip Code Phoenix AZ 85072-3852 City State Zip Code AZ 85072-3852 City State AZ		Uther (specify) ▼			
Amount of Each Disbursement this Date of Disbursement this Date of Disbursement Date of Disbursement					
Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type District: Full Name (Last, First, Middle Initial) City Phoenix AZ 85072-3852 Purpose of Disbursement For: Senate Primary General Other (specify) Memo Item Date of Disbursement Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Date of Disbursement Mailing Address PO Box 53852 Transaction ID: D175353 Amount of Each Disbursement this Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General	_			Date of Disburseme	ent
City	Mailing Address DO Day 52052				
Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Date of Disbursement Mailing Address PO Box 53852 Transaction ID: D175251 Amount of Each Disbursement this Date of Disbursement Transaction ID: D175251 Amount of Each Disbursement Transaction ID: D175251 Amount of Each Disbursement Transaction ID: D175251 Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Memo Item Memo Item Memo Item Memo Item Memo Item	Mailing Address PO BOX 53852			00 09	2010
Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Date of Disbursement Transaction ID : D175353 Amount of Each Disbursement this Category/ Type Office Sought: House Disbursement For: Senate Primary General Memo Item	•	·		Transaction ID : [D175251
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Transaction ID: D175353 Amount of Each Disbursement this Category/ Type 2 Memo Item	Purpose of Disbursement	00012-3052			
Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Transaction ID: D175353 Amount of Each Disbursement this Category/ Type Office Sought: House Disbursement For: Senate Primary General				Amount of Each Dis	sbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Disbursement For: Senate Primary General Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item	Candidate Name				1.01
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Date of Disbursement Transaction ID: D175353 Amount of Each Disbursement this Category/ Type Memo Item	Office Sought: House Disburs	ement For:	1390	Memo Item	
State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Mailing Address PO Box 53852 Transaction ID: D175353 Amount of Each Disbursement this		Primary General		Ц	
Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Date of Disbursement Transaction ID: D175353 Amount of Each Disbursement this		Other (specify)			
City State Zip Code Phoenix AZ 85072-3852 Candidate Name Candidate Name Date of Disbursement Mailing Address PO Box 53852 Disbursement State Zip Code AZ 85072-3852 Category/ Type Category/ Type Date of Disbursement Amount of Each Disbursement this Category/ Type Memo Item					
Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Memo Item Memo Item				Date of Disburseme	ent
Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Candidate Name Category/ Type Office Sought: House Senate Disbursement For: Senate Primary General Disbursement For: Memo Item	- Amonoan Express				/ Y - Y - Y - Y
Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Disbursement For: Senate Primary General Transaction ID: D175353 Amount of Each Disbursement this	Mailing Address PO Box 53852				
Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Memo Item	City	·		Transaction ID · F	0175353
Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Disbursement For: Primary General Amount of Each Disbursement this Memo Item		AZ 85072-3852		i i ali sacuti i D . L	J.1.0000
Office Sought: House	Bank card processing fee				sbursement this Period
Office Sought: House Disbursement For: Memo Item	Candidate Name				2.98
Senate Primary General	Office Sought: House Diebure	sement For:	Туре		2.00
				Memo Item	
		_			
State: District:	State: District:				
SUBTOTAL of Dishuranments This Dags (actions)	CURTOTAL of Dicharasana This Day (all all				11.08
SUBTOTAL of Disbursements This Page (optional)	SUBTUTAL of Disbursements This Page (optional))	······		11.00

SCHEDULE B (FEC Form 3X)	Lien congrato achadula(a)	FOR LINE NUMBER: PAGE 27					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used	by any perso	n for the purpose of	soliciting contributions			
NAME OF COMMITTEE (In Full) American Academy of Family Physical Academy Academy Physical Phy				om such committee.			
Full Name (Last, First, Middle Initial)			5				
A. American Express			Date of Disbursem	ent			
Mailing Address PO Box 53852			08 15	2016			
Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D175354			
Purpose of Disbursement Bank card processing fee			Amount of Each D	isbursement this Period			
Candidate Name	-	Category/ Type		3.25			
	nent For: Primary General Other (specify) ▼		Memo Item				
State: District:							
Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursem	ent			
Mailing Address PO Box 53852			08 17	2016			
Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D175355			
Purpose of Disbursement Bank card processing fee			Amount of Each D	isbursement this Period			
Candidate Name	-	Category/ Type		14.63			
	nent For: Primary General Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursem	_			
Mailing Address PO Box 53852			08 / 22	2016			
Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D175356			
Purpose of Disbursement Bank card processing fee Candidate Name	[Amount of Each D	isbursement this Period			
Carialadio Namo		Category/ Type		18.11			
Senate	Senate Primary General President Other (specify) ▼						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		<u>_</u>		35.99			

SCHEDULE B (FEC Form 3X)	Lico congrato cohadula/-\	parete cohedulo(a)		PAGE 28 OF 3
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 23 24	24 25 26 28c 29 30
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used	by any perso	n for the purpose of solicit	ting contributions
NAME OF COMMITTEE (In Full) American Academy of Family F				ucii committee.
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disbursement	
Mailing Address PO Box 53852			08 22	2016
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D175	357
Purpose of Disbursement Bank card processing fee			Amount of Each Disburs	sement this Period
Candidate Name	1	Category/ Type		9.46
Office Sought: House Disb Senate President	oursement For: Primary General Other (specify)	71	Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) 3. American Express			Date of Disbursement	Y
Mailing Address PO Box 53852			08 26	2016
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D175	479
Purpose of Disbursement Bank card processing fee			Amount of Each Disburs	sement this Period
Candidate Name	,	Category/ Type		9.75
Office Sought: House Senate President State: Disb	ursement For: Primary General Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursement	
Mailing Address PO Box 53852			08 30	2016
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D175	480
Purpose of Disbursement Bank card processing fee Candidate Name		Category/	Amount of Each Disburs	
	sursement For:	Type	Memo Item	7.95
Senate President State: District:	Primary General Other (specify) ▼			
State: District: SUBTOTAL of Disbursements This Page (option to the control of t	·			27.16

I LIVILLE DIODONOLIVILINIO		SBURSEMENTS Use separate schedule(s) for each extraory of the		
	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) American Academy of Family Phys	· ·			
Full Name (Last, First, Middle Initial) American Express			Date of Disbursement	
Mailing Address PO Box 53852		08 31 2016		
Phoenix	State Zip Code AZ 85072-3852		Transaction ID: D175481	
Purpose of Disbursement Bank card processing fee Candidate Name		Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)	Type	Memo Item	
Full Name (Last, First, Middle Initial) 3. American Express			Date of Disbursement	
Mailing Address PO Box 53852			08 01 2016	
Phoenix Purpose of Disbursement	State Zip Code AZ 85072-3852		Transaction ID: D175247	
Bank card processing fee Candidate Name		Category/ Type	Amount of Each Disbursement this Period 3.25	
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	71 -	Memo Item	
Full Name (Last, First, Middle Initial) - American Express			Date of Disbursement	
Mailing Address PO Box 53852			08 05 2016	
Phoenix	State Zip Code AZ 85072-3852		Transaction ID: D175248	
Purpose of Disbursement Bank card processing fee Candidate Name		Category/ Type	Amount of Each Disbursement this Period 4.39	
Office Sought: House Disburser Senate	ment For: Primary General Other (specify)	, , , , , , , , , , , , , , , , , , ,	Memo Item	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page					
Anni information positivit from south D		27	28a 28b 28c 29 30b			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political Actior	n Committ	ee			
Full Name (Last, First, Middle Initial) - Bank Of America Merchant Service	es		Date of Disbursement			
Mailing Address WA2-505-01-40 PO Box 2485			08 02 2016			
,	State Zip Code WA 99210-2485		Transaction ID : D175249			
Purpose of Disbursement Bank card processing fee Candidate Name			Amount of Each Disbursement this Period			
	vent For	Category/ Type	340.12			
Senate	Primary General Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
Bank Of America Merchant Service	9S		Date of Disbursement			
Mailing Address WA2-505-01-40 PO Box 2485			08 31 2016			
Spokane	State Zip Code WA 99210-2485		Transaction ID : D175484			
Purpose of Disbursement Bank fee - returned item	1		Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	12.00			
	nent For: Primary General Other (specify)		Memo Item			
State: District: Full Name (Last, First, Middle Initial)						
Cast, Flist, Mudie Illitial)			Date of Disbursement			
Mailing Address						
City	state Zip Code					
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name	1	Category/ Type	Allocate of Each Dissolution this Folice			
	nent For: Primary General Other (specify)		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			352.12			
TOTAL This Period (last page this line number only).			465.35			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 21b 22 X 23 24 25 26 29 36	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Family Phys	e and address of any political	by any persor committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	United Action		
Mailing Address PO Box 1588			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code KS 67530-1588		Transaction ID : D175226
Senate	nent For: 2016 Primary 🗶 General Other (specify) 🔻	Category/ Type	Amount of Each Disbursement this Period 5000.00 Memo Item
Full Name (Last, First, Middle Initial) 3. FRIENDS OF RAJA FOR CONGRI Mailing Address PO Box 681202	ESS		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Schaumburg Purpose of Disbursement Campaign contribution Candidate Name Raja Krishnamoorthi Office Sought: House Disbursem Senate	State Zip Code IL 60168-1202 Thent For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID : D175227 Amount of Each Disbursement this Period 5000.00 Memo Item
Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement Candidate Name Office Sought: House Disbursem		Category/ Type	Amount of Each Disbursement this Period Memo Item
	Primary General Other (specify) ▼		memoritem
SUBTOTAL of Disbursements This Page (optional)		······ Þ	10000.00
TOTAL This Period (last page this line number only).		·····•	10000.00